

RECEIVED  
CENTRAL FAX CENTER

SEP 14 2005

2100 Pennsylvania Avenue, NW  
Washington, DC 20037-3213  
T 202.293.7060  
F 202.293.7860

www.sughrue.com

FAX

Date September 14, 2005

To Examiner Uyen T. Ho

Of PTO Group Art Unit 3731

Fax 571-273-8300

From John T. Callahan/Kenneth J. Burchfiel

Subject Supplemental Amendment

Our Ref A8937                      Appln No 10/058,828

Conf No 3776                      Inventors GILSON, Paul, et al.

Pages 14 (including cover sheet)

Please call attention to problems with this transmission by return fax or telephone. Thank you.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE ATTORNEY-CLIENT PRIVILEGED, AND IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE. UNAUTHORIZED USE, DISCLOSURE OR COPYING IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US.

This fax filing includes:

1. This cover sheet
2. Supplemental Amendment Under 37 C.F.R. §1.111
3. Statement of Substance of Interview

#### CERTIFICATION OF FACSIMILE TRANSMISSION

Sir:

I hereby certify that the above identified correspondence is being facsimile transmitted to Examiner Uyen T. Ho at the Patent and Trademark Office on September 14, 2005, at 571-273-8300.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'K. Burchfiel'.

Kenneth J. Burchfiel

SEP 14 2005

**PATENT APPLICATION**  
**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of

Docket No: A8937

Paul GILSON, et al.

Appln. No.: 10/058,828

Group Art Unit: 3731

Confirmation No.: 3776

Examiner: Uyen T. Ho

Filed: January 30, 2002

For: EMBOLIC PROTECTION DEVICE

**SUPPLEMENTAL AMENDMENT UNDER 37 C.F.R. § 1.111**

**MAIL STOP AMENDMENT**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Supplemental to the Amendment filed June 29, 2005, please amend the claims as follows  
on the accompanying pages.

**TABLE OF CONTENTS**

AMENDMENTS TO THE CLAIMS .....	2
REMARKS .....	9